

PURPOSE OF THIS DOCUMENT: This document provides the detailed reporting requirements from the Utah Code for each statutorily required report within the purview of the Health and Human Services Interim Committee.

REPORTS TO THE HEALTH AND HUMAN SERVICES INTERIM COMMITTEE, 2005 WITH PERTINENT STATUTORY TEXT

Sorted by Date Enacted (not shown) and Reporting Entity (not shown)

Source: Office of Legislative Research and General Counsel, March 24, 2005

#1 Child Welfare Legislative Oversight Panel

Report Date: Not specified

Frequency: Annual

2005 Legislation: None

Special Notes: None

Statutory Cite: §62A-4a-207

"(4) The panel shall: . . .

- (i) annually report its findings and recommendations to the president of the Senate, the speaker of the House of Representatives, the Health and Human Services Interim Committee, and the Judiciary Interim Committee."

#2 Abortion Informed Consent Information

Report Date: Not specified

Frequency: Annual

2005 Legislation: None

Special Notes: None

Statutory Cite: §76-7-305.5

"(6) The Department of Health shall compile and report the following information annually, preserving physician and patient anonymity:

- (a) the total amount of informed consent material described in Subsection (1) that was distributed;
 - (b) the number of women who obtained abortions in this state without receiving those materials;
 - (c) the number of statements signed by attending physicians certifying to his opinion regarding adverse effects on the patient under Subsection (3); and
 - (d) any other information pertaining to protecting the informed consent of women seeking abortions.
- (7) The Department of Health shall annually report to the Health and Human Services Interim Committee regarding the information described in Subsection (6), and provide a copy of the printed materials and the videotape produced in accordance with this section to that committee."

#3 AIDS/HIV Anonymous Testing

Report Date: Not specified

Frequency: Annual

2005 Legislation: None

Special Notes: None

Statutory Cite: §26-6-3.5

- "(1) Because of the nature and consequences of Acquired Immunodeficiency Syndrome and Human Immunodeficiency Virus infection, the department shall:
- (a) require reporting of those conditions; and

- (b) utilize contact tracing and other methods for "partner" identification and notification. The department shall, by rule, define individuals who are considered "partners" for purposes of this section.

- (2) (a) The requirements of Subsection (1) do not apply to seroprevalence and other epidemiological studies conducted by the department.

- (b) The requirements of Subsection (1) do not apply to, and anonymity shall be provided in, research studies conducted by universities or hospitals, under the authority of institutional review boards if those studies are funded in whole or in part by research grants and if anonymity is required in order to obtain the research grant or to carry out the research.

- (3) For all purposes of this chapter, Acquired Immunodeficiency Syndrome and Human Immunodeficiency Virus infection are considered communicable and infectious diseases.

- (4) The department may establish or allow one site or agency within the state to provide anonymous testing.

- (a) The site or agency that provides anonymous testing shall maintain accurate records regarding:

- (i) the number of HIV positive individuals that it is able to contact or inform of their condition;
- (ii) the number of HIV positive individuals who receive extensive counseling;
- (iii) how many HIV positive individuals provide verifiable information for partner notification; and
- (iv) how many cases in which partner notification is carried through.

- (b) A statistical report of the information maintained under Subsection (4)(a) shall be presented to the Health and Human Services Interim Committee on an annual basis. The information collected under Subsection (4)(a) and the reports required by this subsection shall be maintained and presented in such a way that no individual is identifiable.

- (c) If the information and reports indicate anonymous testing is not resulting in partner notification, the department shall phase out the anonymous testing program allowed by this subsection."

#4 Children's Health Insurance Program—Health Department Report

Report Date: Before November 1

Frequency: Annual

2005 Legislation: None

Special Notes: None
Statutory Cite: §26-40-109

- "(1) The department shall develop performance measures and annually evaluate the program's performance.
(2) The department shall report annually on its evaluation to the Health and Human Services Interim Committee of the Legislature before November 1."

#5 Medicaid-Freedom of Choice Waiver

Report Date: Not Specified
Frequency: Periodic
2005 Legislation: None
Special Notes: None
Statutory Cite: §26-18-3.7

- "(1) (a) Before July 1, 1996, the division may submit to the Health Care Financing Administration within the United States Department of Health and Human Services, an amendment to the state's freedom of choice waiver. That amendment shall provide that the following persons who are eligible for services under the state plan for medical assistance, who reside in Salt Lake, Utah, Davis, or Weber counties, shall enroll in the recipient's choice of a health care delivery system that meets the requirements of Subsection (2):
(i) by July 1, 1994, 40% of eligible persons;
(ii) by July 1, 1995, 65% of eligible persons; and
(iii) by July 1, 1996, 100% of eligible persons.
(b) The division may not enter into any agreements with mental health providers that establish a prepaid capitated delivery system for mental health services that were not in existence prior to July 1, 1993, until the application of the Utah Medicaid Hospital Provider Temporary Assessment Act with regard to a specialty hospital as defined in Section 26-21-2 that may be engaged exclusively in rendering psychiatric or other mental health treatment is repealed.
(c) The following are exempt from the requirements of Subsection (1)(a):
(i) persons who:
(A) receive medical assistance for the first time after July 1, 1996;
(B) have a mental illness, as that term is defined in Section 62A-15-602; and
(C) are receiving treatment for that mental illness. The division, when appropriate, shall enroll these persons in a health care delivery system that meets the requirements of this section;
(ii) persons who are institutionalized in a facility designated by the division as a nursing facility or an intermediate care facility for the mentally retarded; or
(iii) persons with a health condition that requires specialized medical treatment that is not available from a health care delivery system that meets the requirements of this section.

- (2) In submitting the amendment to the state's freedom of choice waiver under Subsection (1), the division shall ensure that the proposed health care delivery systems have at least the following characteristics, so that the system:
(a) is financially at risk, for a specified continuum of health care services, for a defined population, and has incentives to balance the patient's need for care against the need for cost control;
(b) follows utilization and quality controls developed by the department;
(c) is encouraged to promote the health of patients through primary and preventive care;
(d) coordinates care to avoid unnecessary duplication and services;
(e) conserves health care resources; and
(f) if permissible under the waiver, utilizes private insurance plans including health maintenance organizations and other private health care delivery organizations.
(3) Subsection (2) does not prevent the division from contracting with other health care delivery organizations if the division determines that it is advantageous to do so.
(4) Health care delivery systems that meet the requirements of this section may provide all services otherwise available under the state plan for medical assistance, except prescribed drugs.
(5) The division shall periodically report to the Health and Human Services Interim Committee regarding the development and implementation of the amendment to the state's freedom of choice waiver required under this section."

#6 Medicaid-Implementation and Results of Waiver

Report Date: Not Specified
Frequency: Annual
2005 Legislation: None
Special Notes: None
Statutory Cite: §26-18-401

- "(1) (a) Before July 1, 1995, the division shall submit to the Secretary of the United States Department of Health and Human Services an application for a Medicaid Waiver under 42 U.S.C. Section 1315. The purpose of the waiver is to expand the coverage of the Medicaid program, and to the extent permissible under the waiver, private health insurance plans to low income, otherwise uninsured persons who are in eligibility categories not traditionally served by the Medicaid program.
(b) Prior to submitting the application under Subsection (1)(a), the department shall submit to the Health and Human Services Interim Committee a summary of the application and proposal for implementing the waiver.
(c) Prior to adopting any rules or policies to implement the waiver, the department shall submit to the Health and Human Services Interim Committee the proposed rules and policies.

- (2) Implementation and execution of this waiver by the department will be within appropriations from the Legislature.
- (3) The department shall establish by rule the policies governing eligibility, income limitations, cost sharing, participating in private insurance plans, benefit plan, and voluntary employee enrollment by employers who volunteer to participate.
- (4) The department shall provide an annual report to the Health and Human Services Interim Committee on the progress and results of the waiver implementation."

#7 Utah Medical Assistance Program and Primary Care Grants to Public and Nonprofit Entities

Report Date: November 1
Frequency: Annual
2005 Legislation: None
Special Notes: None
Statutory Cite: §26-18-305

"The department shall report to the Health and Human Services Interim Committee by November 1, 1994, and every year thereafter on the implementation of the grant program for primary care services. The report shall include a description of the scope and level of coverage provided to low-income persons by primary care grant programs and by the medical assistance program established in Section 26-18-10. The report shall also include recommendations to minimize the loss of revenue by hospitals that serve a disproportionate share of persons under Section 26-18-10."

#8 Disability Determination Services Advisory Council

Report Date: Not Specified
Frequency: Annual
2005 Legislation: None
Special Notes: None
Statutory Cite: §53A-15-205

"(10) The council shall:

- (a) advise DDDS and the Social Security Administration regarding its practices and policies on the determination of claims for social security disability benefits;
 - (b) participate in the development of new internal practices and procedures of DDDS and policies of the Social Security Administration regarding the evaluation of disability claims;
 - (c) recommend changes to practices and policies to ensure that DDDS is responsive to disabled individuals;
 - (d) review the DDDS budget to ensure that it is adequate to effectively evaluate disability claims and to meet the needs of persons with disabilities who have claims pending with DDDS; and
 - (e) review and recommend changes to policies and practices of allied state and federal agencies, health care providers, and private community organizations.
- (11) The council shall annually report to the board, the governor, and the Legislative Health and Human Services Interim Committee regarding its activities."

#9 Low and Moderate Income Housing

Report Date: Not specified
Frequency: Annual
2005 Legislation: None
Special Notes: None
Statutory Cite: §9-4-1204

"(1) Within appropriations from the Legislature, the division [of Community Development within the Department of Community and Economic Development] shall establish a program to assist municipalities to meet the requirements of Section 10-9a-408 and counties to meet the requirements of Section 17-27a-408. Assistance under this section may include:

- (a) financial assistance for the cost of developing a plan for low and moderate income housing;
 - (b) information on how to meet present and prospective needs for low and moderate income housing; and
 - (c) technical advice and consultation on how to facilitate the creation of low and moderate income housing.
- (2) The division shall annually report to the Workforce Services and Community and Economic Development Interim Committee, and to the Health and Human Services Interim Committee regarding the scope, amount, and type of assistance provided to municipalities and counties under this section, including the number of low and moderate income housing units constructed or rehabilitated within the state."

#10 Division of Substance Abuse and Mental Health—Program Audits and Reviews of Mental Health Authorities and Contract Providers

Report Date: By July 1
Frequency: Annual
2005 Legislation: None
Special Notes: None
Statutory Cite: §62A-15-103; §62A-15-109; §62A-15-712

§62A-15-103:

"(2) The division [of Substance Abuse and Mental Health] shall:...

- (g) by July 1 of each year, provide to the Health and Human Services Interim Committee and the Health and Human Services Appropriations Subcommittee a written report that includes:
 - (i) the annual audit and review;
 - (ii) the financial expenditures of each local substance abuse authority and its contract provider and each local mental health authority and its contract provider;
 - (iii) the status of the compliance of each local authority and its contract provider with its plan, state statutes, and the provisions of the contract awarded; and
 - (iv) whether the audit guidelines established under Section 62A-15-110 and Subsection 67-3-1(2)(o) provide the division with sufficient criteria and assurances of appropriate expenditures of public funds; and

(h) if requested by the Health and Human Services Interim Committee or the Health and Human Services Appropriations Subcommittee, provide an oral report as requested."

§62A-15-109:

- "(1) It is the responsibility of the division to assure that the requirements of this part are met and applied uniformly by local mental health authorities across the state.
- (2) Since it is the division's responsibility, under Section 62A-12-102, to contract with, review, approve, and oversee local mental health authority plans, and to withhold funds from local mental health authorities and public and private providers for contract noncompliance or misuse of public funds, the division shall:
 - (a) require each local substance abuse authority and each local mental health authority to submit its plan to the division by May 1 of each year;
 - (b) conduct an annual program audit and review of each local substance abuse authority in the state and its contract provider and each local mental health authority in the state, and its contract provider; and
 - (c) provide a written report to the Health and Human Services Interim Committee on July 1, 1999, and each year thereafter, and provide an oral report to that committee, as requested. That report shall provide information regarding:
 - (i) the annual audit and review;
 - (ii) the financial expenditures of each local substance abuse authority and its contract provider and each local mental health authority and its contract provider;
 - (iii) the status of each local authority's and its contract provider's compliance with its plan, state statutes, and with the provisions of the contract awarded; and
 - (iv) whether audit guidelines established pursuant to Subsection 62A-15-110 and Subsection 67-3-1(10) provide the division with sufficient criteria and assurances of appropriate expenditures of public funds.
- (3) The annual audit and review described in Subsection (2)(b) shall, in addition to items determined by the division to be necessary and appropriate, include a review and determination regarding whether public funds allocated to local substance abuse authorities and local mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers, and whether each local substance authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services.
- (4) The Legislature may refuse to appropriate funds to the division upon the division's failure to comply with the provisions of this part."

§62A-15-712:

- "(1) The division shall ensure that the requirements of this part are met and applied uniformly by local mental health authorities across the state.

- (2) Because the division must, under Section 62A-15-103, contract with, review, approve, and oversee local mental health authority plans, and withhold funds from local mental health authorities and public and private providers for contract noncompliance or misuse of public funds, the division shall:
 - (a) require each local mental health authority to submit its plan to the division by May 1 of each year; and
 - (b) conduct an annual program audit and review of each local mental health authority in the state, and its contract provider.
- (3) (a) The division shall:
 - (i) provide a written report to the Health and Human Services Interim Committee by July 1 of each year; and
 - (ii) provide an oral report to that committee, as requested;
 (b) That report shall provide information regarding:
 - (i) the annual audit and review;
 - (ii) the financial expenditures of each local mental health authority and its contract provider;
 - (iii) the status of each local authority's and its contract provider's compliance with its plan, state statutes, and with the provisions of the contract awarded; and
 - (iv) whether audit guidelines established under Subsections 62A-15-713(2)(a) and 67-3-1(10) provide the division with sufficient criteria and assurances of appropriate expenditures of public funds.
- (4) The annual audit and review described in Subsection (2)(b) shall, in addition to items determined by the division to be necessary and appropriate, include a review and determination regarding whether or not:
 - (a) public funds allocated to local mental health authorities are consistent with services rendered and outcomes reported by it or its contract provider; and
 - (b) each local mental health authority is exercising sufficient oversight and control over public funds allocated for mental health programs and services.
- (5) The Legislature may refuse to appropriate funds to the division if the division fails to comply with the procedures and requirements of this section."

#11 Drug Utilization Review Board

| | |
|-------------------|---------------------------------------------------------------------------------|
| Report Date: | December 1 |
| Frequency: | Annual |
| 2005 Legislation: | None |
| Special Notes: | Legislative leadership, not Interim Committee, specified as recipient of report |
| Statutory Cite: | §26-18-103 |

- "(11) publish an annual report, subject to public comment prior to its issuance, and submit that report to the United States Department of Health and Human Services by December 1 of each year. That report shall also be submitted to legislative leadership, the executive director, the president of

the Utah Pharmaceutical Association, and the president of the Utah Medical Association by December 1 of each year. The report shall include:

- (a) an overview of the activities of the board and the DUR program;
- (b) a description of interventions used and their effectiveness, specifying whether the intervention was a result of underutilization or overutilization of drugs, without disclosing the identities of individual physicians, pharmacists, or recipients;
- (c) the costs of administering the DUR program;
- (d) any fiscal savings resulting from the DUR program;
- (e) an overview of the fiscal impact of the DUR program to other areas of the Medicaid program such as hospitalization or long-term care costs;
- (f) a quantifiable assessment of whether DUR has improved the recipient's quality of care;
- (g) a review of the total number of prescriptions, by drug therapeutic class;
- (h) an assessment of the impact of educational programs or interventions on prescribing or dispensing practices; and
- (i) recommendations for DUR program improvement;"

#12 Financial Assistance—Rural Mental Health Therapist Financial Assistance Program

Report Date: On or before August 1

Frequency: Annual

2005 Legislation: None

Special Notes: None

Statutory Cite: §62A-13-110

"Annually on or before August 1, the Division of Substance Abuse and Mental Health shall submit a written report of its activities under this chapter to the executive director of the department and to the Health and Human Services Interim Committee of the Legislature. The report shall include:

- (1) the number and type of grant and scholarship recipients;
- (2) the total amount of each grant and scholarship;
- (3) the site at which each grant recipient is practicing;
- (4) the site at which each scholarship recipient is practicing;
- (5) the number of applications filed under this chapter within the preceding year; and
- (6) the amount of administrative expenses incurred by the committee and by the department to provide staff support during the preceding year in carrying out the provisions of this chapter."

#13 At Risk Children and Youth—Families, Agencies, and Communities Together Steering Committee

Report Date: Before October 1, 2005

Frequency: One-time

2005 Legislation: None

Special Notes: None

Statutory Cite: §63-75-7

"(1) At the end of each fiscal year, a final report shall be submitted to the council summarizing the outcome of each project under this chapter.

- (2) (a) The council may conduct an independent evaluation of any or all of the projects to assess the status of services provided and identified outcomes.
- (b) The council shall prepare and deliver a report on the program to the Legislature's Education, Health and Human Services, and Judiciary Interim Committees before October 1, 2005.
- (c) The report shall include a recommendation by the council as to whether the program should be terminated, continued, or expanded."

#14 Health Data Committee

Report Date: Not specified

Frequency: Biennial

2005 Legislation: None

Special Notes: Legislature, not Interim Committee, specified as recipient of report

Statutory Cite: §26-33a-104

"(2) The committee shall:

- (a) develop and adopt by rule, following public hearing and comment, a health data plan that shall among its elements:
 - (i) identify the key health care issues, questions, and problems amenable to resolution or improvement through better data, more extensive or careful analysis, or improved dissemination of health data;
 - (ii) document existing health data activities in the state to collect, organize, or make available types of data pertinent to the needs identified in Subsection (2)(a)(i);
 - (iii) describe and prioritize the actions suitable for the committee to take in response to the needs identified in Subsection (2)(a)(i) in order to obtain or to facilitate the obtaining of needed data, and to encourage improvements in existing data collection, interpretation, and reporting activities, and indicate how those actions relate to the activities identified under Subsection (2)(a)(ii);
 - (iv) detail the types of data needed for the committee's work, the intended data suppliers, and the form in which such data are to be supplied, noting the consideration given to the potential alternative sources and forms of such data and to the estimated cost to the individual suppliers as well as to the department of acquiring these data in the proposed manner; the plan shall reasonably demonstrate that the committee has attempted to maximize cost-effectiveness in the data acquisition approaches selected;
 - (v) describe the types and methods of validation to be performed to assure data validity and reliability;

- (vi) explain the intended uses of and expected benefits to be derived from the data specified in Subsection (2)(a)(iv), including the contemplated tabulation formats and analysis methods; the benefits described must demonstrably relate to one or more of the following: promoting quality health care, managing health care costs, or improving access to health care services;
- (vii) describe the expected processes for interpretation and analysis of the data flowing to the committee; noting specifically the types of expertise and participation to be sought in those processes; and
- (viii) describe the types of reports to be made available by the committee and the intended audiences and uses;
- (b) have the authority to collect, validate, analyze, and present health data in accordance with the plan while protecting individual privacy through the use of a control number as the health data identifier;
- (c) evaluate existing identification coding methods and, if necessary, require by rule that health data suppliers use a uniform system for identification of patients, health care facilities, and health care providers on health data they submit under this chapter;
- (d) report biennially to the governor and the Legislature on how the committee is meeting its responsibilities under this chapter; and
- (e) advise, consult, contract, and cooperate with any corporation, association, or other entity for the collection, analysis, processing, or reporting of health data identified by control number only in accordance with the plan."

#15 Utah Comprehensive Health Insurance Pool (HIP)

Report Date: Not specified
 Frequency: Annual
 2005 Legislation: None
 Special Notes: Legislature, not Interim Committee, specified as recipient of report
 Statutory Cite: §31A-29-106

"(2) (a) The [Utah Comprehensive Health Insurance Pool] board shall prepare and submit an annual report to the Legislature which shall include:

- (i) the net premiums anticipated;
- (ii) actuarial projections of payments required of the pool;
- (iii) the expenses of administration; and
- (iv) the anticipated reserves or losses of the pool."

#16 Utah Substance Abuse and Anti-Violence Coordinating Council

Report Date: Not specified
 Frequency: Annually
 2005 Legislation: None
 Special Notes: Legislature, not Interim Committee, specified as recipient of report

Statutory Cite: §63-25a-203

- "(1) The Utah Substance Abuse and Anti-Violence Coordinating Council shall:...
- (e) coordinate recommendations made by the committees under Section 63-25a-206; and
 - (f) analyze and provide an objective assessment of all proposed legislation concerning alcohol and other drug issues and community violence issues...
- (3) The council shall report its recommendations annually to the commission, governor, Legislature, and judicial council."

#17 New Programs and Agencies

Report Date: On or before November meeting
 Frequency: As needed
 2005 Legislation: None
 Special Notes: None
 Statutory Cite: §36-24-101

"(1) When legislation is passed that creates a new program or agency, the legislative sponsor shall consider providing that the funding for the first fiscal year should be nonlapsing, with the option of continuing those nonlapsing monies for an additional year.

(2) The legislative interim committee with oversight responsibility for the new program or agency:

- (a) shall hear the limited scope audit report prepared by the Office of Legislative Auditor General as provided in Section 36-12-15 on or before the committee's November meeting;
- (b) shall review each new program or agency on which it receives a report to assure that it is being implemented in a manner consistent with its statutory directive;
- (c) shall determine whether the statutory directive is being followed and whether any change in law is necessary and if a change in law is necessary, make that recommendation to the Legislature; and
- (d) may request the Office of Legislative Auditor General to conduct a more in-depth review of the program or agency."

#18 Tobacco Settlement Revenues

Report Date: No later than September 1
 Frequency: Annual
 2005 Legislation: None
 Special Notes: None
 Statutory Cite: §63-97-201

"(6) Each state agency identified in Subsection (4) shall provide an annual report on the program and activities funded under Subsection (4) to:

- (a) the Health and Human Services Interim Committee no later than September 1; and
- (b) the Health and Human Services Joint Appropriations Subcommittee."

#19 Services to Persons With a Disability—Criteria and Prioritization

Report Date: Not specified
 Frequency: Periodic
 2005 Legislation: None

Special Notes: Reports begin at or before the September 2002 interim meeting

Statutory Cite: §62A-5-105

"(2) The [Board of Services for People With Disabilities] shall: . . .

- (f) (i) periodically review the criteria used to determine who may receive services from the division and how the delivery of those services is prioritized within available funding; and
- (ii) make periodic recommendations based on the review conducted under Subsection (2)(f)(i) to the Health and Human Services Interim Committee beginning at or before the September 2002 meeting of the committee;"

#20 Cigarette Tax Increase—2002

Report Date: No later than September 1

Frequency: Annual

2005 Legislation: None

Special Notes: None

Statutory Cite: §59-14-204

"(5) (d) The following revenue generated from the tax increase imposed under Subsection (1) during the 2002 General Session shall be deposited in the Cigarette Tax Restricted Account:

- (1) 22% of the revenue to be annually appropriated to the Department of Health for tobacco prevention, reduction, cessation, and control programs;
- (2) 15% of the revenue to be annually appropriated to the University of Utah Health Sciences Center for the Huntsman Cancer Institute for cancer research; and
- (3) 21% of the revenue to be annually appropriated to the University of Utah Health Sciences Center for medical education at the University of Utah School of Medicine.
- (e) Any balance remaining in the Cigarette Tax Restricted Account at the end of the fiscal year shall be appropriated during the next fiscal year for the purposes set forth in Subsections (5)(d)(i) through (5)(d)(iii) in proportion to the amount of revenue deposited into the account for each purpose.
- (f) The Legislature shall give particular consideration to appropriating any revenues resulting from the change in tax rates under Subsection (2) adopted during the 2002 Annual General Session and not otherwise appropriated pursuant to Subsection (5)(d) to enhance Medicaid provider reimbursement rates and medical coverage for the uninsured.
- (g) Any program or entity that receives funding under Subsection (5)(d) shall provide an annual report to the Health and Human Services Interim Committee no later than September 1 of each year. The report shall include:

- (i) the amount funded;
- (ii) the amount expended;
- (iii) a description of the effectiveness of the program; and

- (iv) if the program is a tobacco cessation program, the report required in Section 63-97-401."

#21 Health Insurance Benefit Design

Report Date: Prior to November 15

Frequency: Annual

2005 Legislation: None

Special Notes: None

Statutory Cite: §31A-22-633

"Notwithstanding the provisions of Title 31A, Insurance Code, any accident and health insurer or health maintenance organization may offer a choice of coverage that is less or different than is otherwise required by applicable state law if:

- (1) the Department of Health offers a choice of coverage as part of a Medicaid waiver under Title 26, Chapter 18, Medical Assistance Act, which includes:
 - (i) less or different coverage than the basic coverage;
 - (ii) less or different coverage than is otherwise required in an insurance policy or health maintenance organization contract under applicable state law; or
 - (iii) less or different coverage than required by Subsection 31A-22-605(4)(b); and
- (ii) the choice of coverage offered by the carrier:
 - (i) is the same or similar coverage as the coverage offered by the Department of Health under Subsection (1);
 - (ii) is offered to the same or similar population as the coverage offered by the Department of Health under Subsection (1); and
 - (iii) contains an explanation for each insured of coverage exclusions and limitations;
- (3) the commissioner and the executive director of the Department of Health shall report to the Health and Human Services Interim Committee prior to November 15 of each year concerning:
 - (a) the number of lives covered under any policy offered under the provisions of this section or under the Medicaid waiver described in Subsection (1);
 - (b) the claims experienced under the policies or Medicaid programs described in Subsection (3)(a);
 - (c) any cost shifting to the private sector for care not covered under the programs or policies described in Subsection (3)(a); and
 - (d) efforts or agreements between the Department of Health, the commissioner, insurers regulated under this chapter, and health care providers regarding combining publicly funded coverage with private, employer-based coverage to increase benefits and health care coverage."

#22 Evaluation of Health Insurance Market by Insurance Department

Report Date: Before October 1

Frequency: Annual

2005 Legislation: Amended date

Special Notes: None

Statutory Cite: §31A-2-201

- "(7) (a) Each year, the commissioner shall:
- (i) conduct an evaluation of the state's health insurance market;
 - (ii) report the findings of the evaluation to the Health and Human Services Interim Committee before October 1; and
 - (iii) publish the findings of the evaluation on the department website.
- (b) The evaluation required by Subsection (7)(a) shall:
- (i) analyze the effectiveness of the insurance regulations and statutes in promoting healthy, competitive health insurance market that meets the needs of Utahns by assessing such things as:
 - (A) the availability and marketing of individual and group products;
 - (B) rate changes;
 - (C) coverage and demographic changes;
 - (D) benefit trends;
 - (E) market share changes; and
 - (F) accessibility;
 - (ii) assess complaint ratios and trends within the health insurance market, which assessment shall integrate complaint data from the Office of Consumer Health Assistance within the department;
 - (iii) contain recommendations for action to improve the overall effectiveness of the health insurance market, administrative rules, and statutes; and
 - (iv) include claims loss ratio data for each insurance company doing business in the state.
- (c) When preparing the evaluation required by this Subsection (7), the commissioner may seek the input of insurers, employers, insured persons, providers, and others with an interest in the health insurance market."

#23 Center for Multicultural Health

Report Date: Not specified
Frequency: Annual
2005 Legislation: Enacted
Special Notes: Legislature, not Interim Committee, specified as recipient of report
Statutory Cite: §26-7-2

- "(3) The Center for Multicultural Health shall:
- (a) promote and coordinate the research, data production and dissemination, education, and health promotion activities of the department, local health departments, local mental health authorities, public schools, community-based organizations, indian tribes, and other organizations within the state as they relate to multicultural and minority health issues;
 - (b) assist in the development and implementation of programs to address multicultural and minority health issues;
 - (c) promote the dissemination and use of information on multicultural and minority health issues by minority populations, health care providers, and others;

- (d) seek federal funding and other resources to accomplish its mission;
- (e) provide technical assistance to entities within the state seeking funding to study or address multicultural and minority health issues;
- (f) provide staff assistance to any advisory committee created by the department to study multicultural and minority health issues; and
- (g) annually report to the Legislature on its activities and accomplishments."

#24 Hemophilia Services Grant Program

Report Date: By November 1
Frequency: Annual
2005 Legislation: Enacted
Special Notes: None
Statutory Cite: 26-47-103

- "(2) (a) Within appropriations specified by the Legislature for this purpose, the department shall make grants to public and nonprofit entities who assist persons with bleeding disorders with the cost of obtaining hemophilia services or the cost of insurance premiums for coverage of hemophilia services.
- (b) The department shall report to the Health and Human Services Interim Committee and to the Legislative Executive Appropriations Committee by November 1, 2006, and every year thereafter on the implementation of the grant program."

#25 Licensed Direct-entry Midwives

Report Date: 2006 through 2011
Frequency: Annual
2005 Legislation: Enacted
Special Notes: None
Statutory Cite: §58-77-201

- "(3) (c) (i) For the years 2006 through 2011, the [Licensed Direct-entry Midwife] board shall present an annual report to the Legislature's Health and Human Services Interim Committee describing the outcome data of licensed Direct-entry midwives practicing in Utah.
- (ii) The board shall base its report on data provided in large part from the Midwives'Alliance of North America."

#26 Rural Residency Training Pilot Program

Report Date: By November 30
Frequency: Annual
2005 Legislation: Enacted
Special Notes: None
Statutory Cite: §63C-8-106

- "(2) (a) Subject to appropriations from the Legislature, the council shall establish a pilot program to place physicians into rural residency training programs.
- (b) The pilot program shall begin July 1, 2005 and sunset July 1, 2015, in accordance with Section 63-55-263.
- (3) (a) The council shall report to the Legislature's Health and Human Services Interim

Committee concerning the implementation of the pilot program and the success of the program in increasing the retention or recruitment of physicians in rural counties in the state.

- (b) The report required by this Subsection (3) shall be made by November 30 of each year."

#27 Authentic Charity Care System

Report Date: By November 30
Frequency: One-time
2005 Legislation: Enacted
Special Notes: Legislature, not Interim Committee, specified as recipient of report
Statutory Cite: 2005 H.J.R. 19

"NOW, THEREFORE, BE IT RESOLVED that the Legislature of the state of Utah urges think tanks, academicians, the insurance industry, and all others with an interest in providing universal health care for the poor to study the feasibility of implementing an authentic charity care system in Utah and report their findings to the Legislature by November 30, 2005.

BE IT FURTHER RESOLVED that the Legislature specifically requests thoughtful consideration and direct input from these groups on:

- ▶ the projected costs of all state government-provided health care services over the next ten years;
- ▶ how a proposed authentic charity care system should be governed, administered, and sufficiently financed;
- ▶ how volunteer medical professionals should be organized, coordinated, and utilized in an authentic charity care system;
- ▶ the projected capital and operating costs of providing the necessary number of conveniently located, full-service, charity care facilities throughout the state;
- ▶ how the principle of reciprocity should be administered in the new system; and
- ▶ the projected costs of implementing an authentic charity care system over the next ten years."

#28 Utah Commission on Aging

Report Date: Not Specified
Frequency: Annual
2005 Legislation: Enacted
Special Notes: Executive Appropriations Committee, not Interim Committee, specified as recipient of report
Statutory Cite: §63-99-107

"(1) The commission shall annually prepare and publish a report directed to the:

- (a) governor; and
(b) Executive Appropriations Committee of the Legislature.

(2) The report described in Subsection (1) shall:

- (a) describe how the commission fulfilled its statutory purposes and duties during the year; and
(b) contain recommendations on how the state should act to address issues relating to the aging population."